



World Health Organization

Bangladesh

Weekly Situation Report # 18

Date of issue: 20 March 2018

Period covered: 13 March – 19 March

Location: Bangladesh

Emergency type: **Rohingya Refugee Crisis**



883 785
total Rohingya
in Bangladesh



671 000
new arrivals since
25 Aug 2017



397 375 Rohingya children
were vaccinated in the 2nd
round of diphtheria
vaccination



728 786 people are
being monitored for
diseases



1.3 million
people targeted for
health assistance

KEY HIGHLIGHTS

- As of 17 March 2018, a total of 6,250 suspected cases of diphtheria have been reported.
- The third round of 13-day Diphtheria campaign is ongoing.
- There is decrease in the number of reported cases of acute jaundice syndrome relative to previous weeks.

SITUATION OVERVIEW

Since 25 August 2017, an estimated 671 000 Rohingya have crossed over from Myanmar into Cox's Bazar, Bangladesh, joining approximately 212 000 others who had fled in earlier waves of displacement. The decrease is not a result of population return, but rather the use by IOM's Needs and Population Monitoring (NPM) assessment of a more detailed and accurate methodology to estimate total population figures. There were 801 new arrivals from 1-9 February. As of 5 March 2018, over 589 000 arrivals are in Kutupalong expansion site, 185 000 in other camps and settlements, and 110 000 arrivals in host communities, impacting the already congested health response. Pre-existing camps and settlements as well as new spontaneous settlements have expanded with the new influx.

RESPONSE

EPIDEMIOLOGICAL UPDATE

- To date, 153 health facilities have been registered in EWARS.
- In week 11, a total of 74 alerts were triggered – a comparable number on previous weeks (82 alerts in week 10).
- There was a decrease in cases of acute jaundice syndrome (AJS) in week 11, with a total of 75 cases reported compared to 131 in week 10.
- Of the 114 samples from AJS, 42% were positive for Hepatitis A (3 indeterminate) and none were positive for hepatitis E. Further results are expected to be available in the next weeks, while sample collection from patients presenting in health facilities is ongoing for another week. These are being analyzed at the IEDCR for Hepatitis A, E, B, C and leptospirosis.
- In order to verify whether the measles outbreak is ongoing, a strategy for exhaustive sampling for measles is being finalized and sample collection is planned for April.

- Updated guidance for health facilities for reporting through EWARS are currently being finalized to be distributed to all partners. The most important information also will be shared through posters that will be available in all facilities.
- The discussion about the implementation of community based surveillance in the camps is ongoing with partners.
- As part of ongoing preparedness activities, an outbreak investigation toolkit is currently being developed, including an outbreak preparedness plan, monsoon preparedness plan for EWARS, health facility guide for reporting through EWARS, case report forms and laboratory strategies.

DIPHTHERIA UPDATE

- As of 17 March 2018, a total of 6,250 diphtheria case-patients were reported in EWARS, including 195 new case-patients in week 11, relatively stable on previous weeks (151 in week 10, 193 in week 9).
- 195 cases have been laboratory confirmed. The last laboratory confirmed case was reported on 7 March.
- OF the 56 diphtheria case-patients reported from the host community, 14 were laboratory-confirmed; 33 probable and 9 suspected. As of now, 60 additional case-patients were excluded after laboratory testing was negative. No death has been reported. All the cases were reported from Cox's Bazar except 4 from Bandarban district. All 4 cases from Bandarban were reported from Nailhongchori Upazila. 28 case-patients were reported from Ukhia and 24 case-patients were reported from Teknaf. Half of the case patients were female and 55% were under-15 years of age.
- Although diphtheria trends in the Rohingya population have declined since January, case reports from the host community have remained steady. In depth investigation to improve understanding of risk factors and transmission pattern is undergoing.
- A total of 38 deaths (case-fatality proportion < 1%) were recorded as of 17 February, with no deaths reported since 2 February. No deaths have occurred in host communities.
- Contact tracing continues to improve as WHO is working with IEDCR to strengthen laboratory capacity.

VACCINATION CAMPAIGNS AND ROUTINE IMMUNIZATION

- The third round of Diphtheria vaccination campaign is ongoing. As of 19 March, 252 592 (61%) children have been vaccinated in Ukhia and Teknaf Upazilas. Rapid convenience monitoring is being done to identify areas with low coverage, where sweep teams are deployed to vaccinate the missed children. 3770 humanitarian workers have also received Td vaccination at the session sites.
- A fixed site at Cox's Bazar has started vaccinating humanitarian workers and will continue every Saturday henceforth. So far 257 humanitarian aid workers have received vaccination.
- Among the new arrivals, all children below 15 years are being vaccinated. 262 new children were vaccinated in the first two weeks of March at the vaccinated center in Sabrang (Teknaf) entry point.

HEALTH OPERATIONS

- Water quality working group has finalized the parameters to be used to test water quality of hand pumps.
- Online data collection tool for fourth round of Water Quality monitoring has been finalized and tested.
- The Hepatitis A and E response plan has been finalized.
- The recruitment process for the human resources for a decentralized outbreak laboratory of IEDCR in Cox's Bazar has been initiated (Microbiologist, 2 Senior Medical Technologist, and 3 Junior Medical technologists). The laboratory is to be housed at the Cox's Bazar Medical College. The procurement of instruments has also been initiated and the first batch of delivery is expected to arrive this week.
- WHO has conducted Case Management Trainings in outbreak response for 50 front-line staff with special focus on emergency triage procedures.
- Preparedness scenarios have been drafted for the major outbreak syndromes as part of the broader Health Sector Emergency Preparedness activities that are currently underway in Cox's Bazar.

- For the Diphtheria outbreak, analyses on collected case management data, including Diphtheria antitoxin (DAT) use, follow-up and case definition are currently ongoing. This is expected to provide valuable lessons for management of Diphtheria in outbreaks in other parts of the world.
- For Diphtheria, WHO and partners have organized a clinic for medium term treatment of sequelae with physiotherapists from Handicap International. Host community cases continue to be investigated. An active case investigation in Ukhia and Teknaf upazillas is being performed to guide further policy.
- The first exploratory meeting on care for non-communicable diseases (NCD) in the affected populations in Cox's Bazar partners has helped compile a very preliminary NCD profile data. A survey will be conducted among all partners providing NCD care to develop a rough overview of the service provision. Meanwhile, WHO is developing a six-month plan to support partners to reach minimum standards in the provision of care for non-communicable diseases.
- Technical expertise is being mobilized from within the WHO-SEARO region to better assess the situation regarding Tuberculosis (TB) and relevant care in the camp.
- WHO convened a round table meeting of partners involved in strengthening the local health system in Cox's Bazar, with a focus on Cox's Bazar Sadar Hospital to streamline partner efforts towards supporting the hospital, thereby producing results more effectively, avoiding duplications and reducing transactional costs for local administrators.

LOGISTICS

- The coordination for prepositioning critical health supplies for monsoon preparedness is ongoing.
- WHO is developing a logistics guideline for monsoon preparedness for health partners.
- WHO has been conducting technical assessments of Diarrhea Treatment Centers and providing recommendations for improvement.
- WHO continues to provide Cholera kits, basic interagency emergency health kits (IEHKs) and Diphtheria anti-toxin vials to partners and has received requests for supplies for AJS sampling.

COORDINATION

- Field visits to all field hospitals were done, jointly with the DGHS, to review the status of mass casualty plans for emergency preparedness.
- The Director General of Health Services convened a meeting with all health sector partners to discuss emergency preparedness plans.
- Mapping of isolation capacities in the camps for outbreak preparedness have been completed.

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